

five of these in Brest. Two patients were of fair complexion (Blondinen). The *eruption* of the disease was usually sudden, yet it always took some days to reach its height. The shortest duration of the disease has been three months; another case has already lasted seven years. In tedious cases, the coloration endures in spite of the return of the menses, or parturition itself, though both bring about variations in it. In one case nursing was beneficial. Its disappearance was never sudden, always gradual. The *therapeutics* must always have respect to the apparent prime cause, anormal menstruation; the due regulation of that is sometimes followed by disappearance of the coloration, always by a diminution of its tint.—*Ed. Med. Journ.*, Nov. 1858, from *Archiv. Gén.*, 1857.

26. *Lesions and Pathological Phenomena caused by the Presence of Lumbrici in the Biliary Ducts.*—Dr. E. BONFILS, after combating Cruveilhier's opinion that intestinal worms can be introduced into the biliary ducts only after death or during the death struggle, analyzes the 23 cases which he has collected, in which lumbrici were discovered in the ductus communis choledochus, in the gall-bladder, or in the hepatic duct; in 2 cases the lumbrici were perfectly fresh and still living; in 1 the worm was dead and slightly altered, was of a pure white, and softened; in 1, reported by M. Forget, a lumbricus occupying the ductus communis and the ductus hepaticus was perfectly fresh, while another occupying an abscess in the right lobe of the liver was softened and macerated, evidently having been long dead; in 1 case a lumbricus formed the nucleus of a biliary calculus. The symptoms varied much in the different cases, but the author considers that the presence of the following circumstances justifies the conclusion that we have to deal with the presence of a lumbricus in the biliary ducts: the sudden appearance of morbid phenomena, without appreciable moral or physical causes, of considerable intensity, characterized by very violent pain, combined with deep colour of the skin, vomiting, &c., similar to the symptoms accompanying calculus in the biliary passages; a rapid disappearance of all phenomena on the discharge of the worm; the concurrence of these symptoms, unassociated with general colicky pains (*coliques extérieures*), are regarded by the author as indicative of a lumbricus being the foreign body which has entered the biliary ducts, and having thus arrested the passage of the bile.—*Brit. and For. Med.-Chir. Rev.*, Oct., 1858, from *Arch. Générales*, June, 1858.

27. *Development of the Larvæ of Diptère in the Frontal Sinuses and Nasal Fossæ of Man, at Cayenne.* By C. COQUEREL, Surgeon to the Imperial Marine. —Five cases are reported by Drs. St. Pair and Chapuis, the medical officers attached to the Convict Hospital at Cayenne, in which the most violent symptoms, followed in three by death, were produced by the immigration and subsequent multiplication of a diptera into the nasal and frontal cavities. In most of the cases several hundred larvæ were evacuated by ulceration and necrosis of parts investing the cavities. The cases all present symptoms so closely resembling one another, that it will suffice to give one in detail.

Goujon, a watchman, was admitted into the Hospital of Cayenne on the 5th of September, 1855, complaining of intense pain in the supra-orbital region and in the right side of the face; there was neither tumefaction nor change of colour. On the following day there was severe headache, the other symptoms remaining. On the 8th of September the right side of the face was swollen, and a sanguinolent fluid was discharged from the nasal fossæ. On the 9th the whole face presented an erysipelatous swelling, with œdema of the eyelids and of the upper lip; the skin was stretched, hot, and shining; on the bridge of the nose a tumour of a purple hue appeared, from which, on being incised, black fetid blood escaped. The patient having sat down, a larva was discharged by the nose. An injection of warm water into the nasal fossæ brought away about a dozen larvæ resembling the first. Delirium ensued; the head was bent back; the pulse hard and quick; the skin hot, with much thirst; the swelling of the face extended to the forehead, while the tumefaction of the eyelids entirely concealed the ball of the eye. Several injections of a solution of chloride of soda were made, and about twenty larvæ removed with the current. On the night of the 9th the symptoms previously mentioned became more severe; local and general bloodletting, revulsive remedies

applied to the intestinal tube and the extremities, cold affusion to the head, and injections into the nares, failed to produce any amelioration. Death ensued on the 10th of September, six days after admission.

Autopsy.—The tissues covering the nasal bones were gangrenous, and discharged a black and fetid liquid. The mucous membrane of the nasal fossæ was inflamed in its whole extent; about ten more larvæ were found crawling on the pituitary membrane. On a level with the middle passage the mucous membrane was red, thick, and softened. On opening the cranium, the meninges were found of a dark red, gorged with blood, which was particularly the case at the base of the brain. The ventricles contained a sanguinolent fluid; the brain, on incision, showed a large number of red dots.

In his remarks on the treatment, Dr. Coquerel lays great stress on the importance of injections, though he admits the extreme difficulty of removing the animals, especially after inflammation of the mucous membrane has set in; it does not appear that the plan of trephining the frontal sinuses, which he recommends, has been adopted. He advises the most energetic antiphlogistic treatment to be employed at the same time, a proceeding for which we can see no warranty, so long as the irritant cause is not dislodged.

None of the patients know how the larvæ were introduced, though it is probable that they were the issue of eggs deposited in the nasal fossæ. After being warned to prevent the entrance of insects, one of the convicts caught a fly which was about to enter, and it appears that this was a member of the tribe *Lucilia*, belonging to the order *Diptera*. Dr. Coquerel gives to the Cayenne variety the name *Lucilia Homini-Vorax*, and describes it thus: Length, nine millimetres (0.35 inch); yellow palpi; the head and mandibles of a fallow colour, covered with a golden-yellow down; a very large head, broader at its base than at its junction with the thorax; the latter of a deep blue, with a purple reflex; on each side of the thorax, and in its middle, a transverse band of blackish blue, the middle one being narrower than the others, and separated from them by a golden-yellow line of little brilliancy, and presenting a few purple reflexes. The abdomen was of the colour of the thorax, with purple reflexes accompanying each segment. The feet were black, the wings transparent, slightly opaque, especially towards the base, with black veins.

Dr. Coquerel does not regard the insect in question as a parasite, but considers the development of the larvæ in the site in which they were found as purely accidental. He quotes several analogous cases to those forming the subject matter of this paper, from authors who had observed similar occurrences in Europe.—*Brit. and For. Med.-Chir. Rev.*, Oct., 1858, from *Archives Générales*, May, 1858.

SURGICAL PATHOLOGY AND THERAPEUTICS, AND OPERATIVE SURGERY.

28. *On Chronic Inflammation of the Articular Extremity of the Bones.*—Mr. T. BRYANT, in a paper read before the Medical Society of London (Oct. 18th), commenced by stating that, under the name of chronic inflammation of the articular extremity of the bones, he would venture to call the attention of the Society to a large class of interesting diseases, which, in their origin, are seated exclusively in the bones, but which, from their proximity to the joint, are almost always followed by disease of the articulation, unless arrested in an early stage. It had been described by authors under different names, and is now generally known by the term strumous or scrofulous disease of a joint; but he could not for one moment doubt that the majority of the cases which are described by surgeons under that name depend upon a chronic inflammation in the bone. The disease is, in its origin and progress, inflammatory, and by early treatment may be arrested. The pathological conditions found upon examination are those which an inflammatory process will produce, and it is quite exceptional to find in any bone that yellow, cheesy, material which pathologists so well knew as